

## DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury, VT 05671-2306

<http://www.dail.vermont.gov>

Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

March 6, 2014

Kim Russell-Peck, Administrator  
Kirby House, Inc.  
64 South Main Street  
Waterbury, VT 05676-1517

Provider #:

Dear Ms. Russell-Peck:

The Division of Licensing and Protection conducted an onsite complaint investigation on **March 3, 2014**. The purpose of the investigation was to determine if your facility was in compliance with Federal participation requirements of the Medicare/Medicaid Program. The investigation was completed on **March 3, 2014** and there were no regulatory violations related to the complaint allegations.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

PC:jl

Enclosure

Division of Licensing and Protection

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|--|---|--|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION          |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0058</b>                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>03/03/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>KIRBY HOUSE, INC.</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>64 SOUTH MAIN STREET<br/>WATERBURY, VT 05676</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG                                     | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| R100   | Initial Comments:<br><br>An unannounced onsite complaint investigation was completed by the Division of Licensing and Protection on 3/3/14. No regulatory violations were cited related to the allegations. | R100   |  |  |

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE